



Shasta County Health & Human Services Agency
 1670 Market St. Suite 300 • Redding, CA 96001
 (530) 225-5394 • FAX: (530) 225-5494

REFERRAL FORM

NOTE: To qualify for the Nurse-Family Partnership (NFP) Program, a woman must:

- Be less than 28 weeks pregnant**
- Have no previous live births**
- Be low-income**
- Live in targeted area/county** (Redding, Shasta Lake City, Anderson, Eastern Shasta County- Fall River Mills, Burney, Montgomery Creek, Round Mountain)

An NFP nurse needs time to visit and obtain consent before the 28th week of pregnancy.

Instructions: Complete **Part 1** and **Part 2** of form with as much information as you have.
Mail or fax to (530)225-5494

Date Form Completed: ___ / ___ / ___

Part 1

Patient/Client Information

Name:			Age:	Birthdate / /	# of weeks Pregnant:
Confirmed with Pregnancy Test? <input type="checkbox"/> Yes, Date / / <input type="checkbox"/> No		LMP: / /	Expected Delivery Date: / /		Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:				Apt:	Zip:
Additional Address:				Apt:	Zip:
Home Phone #:	Work Phone #:	Cell Phone #:	Email address:		
Emergency Contact Person:	Relationship to Patient/Client:	Contact's Home Phone #:	Work Phone #:	Cell Phone #:	
Patient agrees to be referred to NFP & provide the information above regarding her pregnancy: <input type="checkbox"/> Yes <input type="checkbox"/> No			Patient's/Client's Signature or Verbal approval:		Date: / /

Part 2

Referring Agency/Practice Information

Agency/Practice Name, Facility or Division:			Date: / /
Address:			Zip:
Referring Staff Name:	Title:	Phone #:	

Part 3

To Be Completed by the Nurse-Family Partnership Site

Disposition of Referral:		Date of Enrollment: / /
<input type="checkbox"/> 1. Enrolled in NFP Program		
<input type="checkbox"/> 2. Ineligible: <input type="checkbox"/> >28 Weeks Pregnant <input type="checkbox"/> Previous Live Birth <input type="checkbox"/> Unable to Locate <input type="checkbox"/> Other, Specify:		
<input type="checkbox"/> 3. Refused to Participate: <input type="checkbox"/> Yes <input type="checkbox"/> No If Refused, Reason:		
Comments:		
Completed by NFP Staff:	NFP Site:	Date: / /